



Human Resources
HEALTH AND HUMAN SERVICES

Safety & Worker's Compensation Request for Surveillance

Complete and submit this form via email to the Safety Program Director for approval if surveillance is necessary for an active claim. The Required Information section must be completed in its entirety. Attach a current photograph of the claimant if available. Missing information may result in denial of surveillance. **Information in this report is sensitive in nature and should be faxed or sent through a secure email. Fax completed report to 919-715-3319 for approval.**

REQUIRED INFORMATION

Adjuster/WCA Information:	
First Name:	Last Name:
Division:	Facility/Department:
Contact Phone Number:	Email Address:

Claimant Information:		
First Name:	Last Name:	
Street Address:		
City:	State:	Postal/Zip Code:
Last Known Phone Number:		
Date of Birth:	Social Security Number:	
Sex:	Race:	
Height: (if known)	Weight: (if Known)	

Case Information:	
Case Number:	Date of Loss:
Number of Surveillance Days Requested:	
Is the claimant represented by an Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, Attorney name, street address, & phone number:	

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Description of Injury:

ADDITIONAL INFORMATION

- **What are the claimant's upcoming medical appointments with authorized treating physicians, therapies, etc.? If possible, list date, time, and location.**

[Click here to enter text.](#)

- **Is the claimant working light duty? If so, what is their work schedule?**

[Click here to enter text.](#)

- **List any known information you have for bankruptcies, foreclosures, criminal charges, civil lawsuits, personal injury/workers' compensation claims, etc.?**

[Click here to enter text.](#)

- **Any known information about the claimant's other properties/addresses, i.e. Does this person own a business, farm, second home, or have alternate addresses? If so list all addresses.**

[Click here to enter text.](#)

- **Any known information about the claimant's approved or non-approved secondary employment, non work activities, hobbies, websites, etc.?**

[Click here to enter text.](#)

- **What is the objective? What are you hoping to achieve from this surveillance? What would be most helpful to assist you?**

[Click here to enter text.](#)

- **Is this a rush assignment? Are there any forthcoming deadlines, mediations, or hearings?**

[Click here to enter text.](#)

- **If known, list all social media sites in which the claimant participates, i.e. Facebook, Instagram, LinkedIn, etc.**

[Click here to enter text.](#)

**** ATTACH A CURRENT PHOTOGRAPH OF CLAIMANT (If available)**

Signature of HR Safety Program Director (Mandatory)	Date